## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03162

(9)

TECHNO-METALS,INC.

Principal Place of Business

Mailing Address 4149 E 10 LN

FILED	
Jun 17 1997 8:00am	ì
Secretary of State	

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4149 E 10 LN HALEAH FL 33013		4149 E 10 LN HIALEAH FL 33013-2505							
					3. Date Incorporated or Qualified 07/20/1989	3a. Date of Last Report 05/01/1996			
2. Principal Place of Business 2		2a. Mailing Address			4. FEI Number		Applied Fo		
21		26		65-0132101		Not Applica			
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	<b>B.75</b> Additiona Fee Required	al	
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	P	5.00 May Be Added to Fees	]	
Zip	Country	Zip	Countr	У	8. This corporation has liability for in			2,	
24	25	29	30		Florida Statutes Yes No				
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	gistered Agen	<u>.t</u>		
	IPANIONI, REDY O.		81	I Name					
	4 SW 31 ST MI FL 33155		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
			8:	<b>3</b>					
			84	City		FL 85	Zip Code		
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida, Such change was ations of, Section 607.0505, F	utos, the above authorized b forida Statute	ve-named cor by the corpora os.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of cha t the appointn	nging its regisle nent as registere	ored ed	
SIGNATURE	Signature, typed or printed name of registered agr				ired when reinstating)	DATE			
12.		D DIRECTORS	13.	go ii e igridicire rode	ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE	,			Change 🔲 Add	dition	
NAME	COMPANIONI, REDY O.		1.2 NAME						
STREET ADDRESS	5834 SW 31 ST		1.3 STREE	1 ADORESS					
CITY-ST-ZIP	MIAMI FL		1.4 CH Y -	S1-7IP					
TITLE	M	☐ DELETE	2.1 TOTLE				Change 🔲 Ado	dition	
NAME	COMPANIONI, JORGE E		2.2 NAME						
STREET ADDRESS	55 NW 74 AVE		2.3 STREE	I ADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	- ST - <b>Z</b> (P			<del> </del>		
TITLE	ST	☐ DELETE	3.1 TITLE			Ш	Change 🔲 Ade	dition	
NAME	COMPANIONI, MARISELA V		3.2 NAME						
STREET ADDRESS	5834 SW 31 ST		3.3 STREE	1 ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. C(TY		·				
TITLÉ		☐ DELETE	4.1 TITLE			1	Change 🔲 Add	artion	
NAME			4. 2 NAM						
STREET ADDRESS				T ADDRESS					
:CITY-ST-ZIP		DELFTE	4.4 CHTY-	ST-ZIP			Change Add	dition	
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NAME			5.2 NAME	1					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		DELETE	5.4 City-	SI-ZIP			Change Add	dition	
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NAME			6.2 NAME	ì					
STREET ADDRESS			1	T ADDRESS					
CITY - ST- 7IP	1		6.4 CITY-	SI-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.